

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date: September 24, 2018		Bureau/Station/Facility: Central Patrol Division / East Los Angeles Station		Admin. Invest? <input type="checkbox"/>	Hit? <input checked="" type="checkbox"/>
Incident Information					
URN: 018-14036-0272-013		Date: September 24, 2018		Time: 2326 hours	
City or Station: East Los Angeles Station		Nature of Incident: Deputies contacted an armed suspect during a traffic stop. A struggle ensued which led to deputy involved shooting.			
Location: Meisner St., East Los Angeles 90063					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input checked="" type="checkbox"/> Street Other: _____	Lighting (check only one): <input type="checkbox"/> Darkness <input type="checkbox"/> Daylight <input type="checkbox"/> Other <input checked="" type="checkbox"/> Street Lights Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance: 2-3 Feet	Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input checked="" type="checkbox"/> Struggle Involved <input checked="" type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other: _____		Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input type="checkbox"/> Call <input checked="" type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>	
Total # of Shots Fired by Deputy: 3		Total # of Shots Fired by Suspect: 1			
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
	Strosnider	John	D.		
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Non-Employee Witnesses					
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Supervisors					
Employee #	Last Name	First Name	M.I.	(check one or more): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
	Arcos	Joanne	M.		
Employee #	Last Name	First Name	M.I.	(check one or more): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
	Bernas	Joseph	M.		
Watch Sergeant					
Employee #	Last Name	First Name	M.I.		
	Sunagawa	Mark	A.		
Watch Commander					
Employee #	Last Name	First Name	M.I.		
	Castro	Mario	NMN		

PSTD Use Only	
SH #	2464907

Officer Involved Shooting Involved Employee Information

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Involved Employee										
E 1	Employee #	Last Name			First Name			M.I.		
		Romero			Jennifer			NMN		
	Sex: F	Race: H	Rank: DSG		Unit Assignment: East Los Angeles Station		Work Assignment (Unit #, Module, etc.): 21A			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 2.5		Duty Time (hrs): 8		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:	Height: 506	Weight: 150		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:	
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:	Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>		
	Weapons Fired Brand: Smith & Wesson		Caliber: 9mm	# Shots: 3		Weapons Fired Brand:		Caliber:	# Shots:	
	Field Training Officer Emp #		Last Name			First Name			M.I.	
Field Training Officer Emp #		Last Name			First Name			M.I.		
E	Employee #	Last Name			First Name			M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:	Height:	Weight:		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:	
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:	Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>		
	Weapons Fired Brand:		Caliber:	# Shots:		Weapons Fired Brand:		Caliber:	# Shots:	
	Field Training Officer Emp #		Last Name			First Name			M.I.	
Field Training Officer Emp #		Last Name			First Name			M.I.		
E	Employee #	Last Name			First Name			M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:	Height:	Weight:		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:	
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:	Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>		
	Weapons Fired Brand:		Caliber:	# Shots:		Weapons Fired Brand:		Caliber:	# Shots:	
	Field Training Officer Emp #		Last Name			First Name			M.I.	
Field Training Officer Emp #		Last Name			First Name			M.I.		

Officer Involved Shooting Suspect Information

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Suspect Information												
S 1	Last Name			Pena			First Name			Ivan	M.I.	NMN
	AKA Last Name			Santos			First Name			Ivan	M.I.	NMN
	Sex:	M	Race:	H	Street Address:		City:		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:					
	Age:	46	D.O.B.:	04/22/76	Height:	509	Weight:	180	FBI #	CII #		
	Booking #		Primary Charge:				Secondary Charge:					
	Coroner Case?		<input checked="" type="checkbox"/>		Coroner Case #		2018-07398		Intoxication/Drug Usage?		<input checked="" type="checkbox"/>	
	Substance Used:		Alcohol									
	Armed?		<input checked="" type="checkbox"/>		Apprehended?		<input checked="" type="checkbox"/>		Mental Illness?		<input type="checkbox"/>	
	Criminal History?		<input type="checkbox"/>									
Vehicle Make			Honda			Model:			Accord			
Year:			2009									
S	Last Name						First Name				M.I.	
	AKA Last Name						First Name				M.I.	
	Sex:		Race:		Street Address:		City:		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:					
	Age:		D.O.B.:		Height:		Weight:		FBI #	CII #		
	Booking #		Primary Charge:				Secondary Charge:					
	Coroner Case?		<input type="checkbox"/>		Coroner Case #				Intoxication/Drug Usage?		<input type="checkbox"/>	
	Substance Used:											
	Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>	
	Criminal History?		<input type="checkbox"/>									
Vehicle Make						Model:						
Year:												
S	Last Name						First Name				M.I.	
	AKA Last Name						First Name				M.I.	
	Sex:		Race:		Street Address:		City:		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:					
	Age:		D.O.B.:		Height:		Weight:		FBI #	CII #		
	Booking #		Primary Charge:				Secondary Charge:					
	Coroner Case?		<input type="checkbox"/>		Coroner Case #				Intoxication/Drug Usage?		<input type="checkbox"/>	
	Substance Used:											
	Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>	
	Criminal History?		<input type="checkbox"/>									
Vehicle Make						Model:						
Year:												
S	Last Name						First Name				M.I.	
	AKA Last Name						First Name				M.I.	
	Sex:		Race:		Street Address:		City:		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:					
	Age:		D.O.B.:		Height:		Weight:		FBI #	CII #		
	Booking #		Primary Charge:				Secondary Charge:					
	Coroner Case?		<input type="checkbox"/>		Coroner Case #				Intoxication/Drug Usage?		<input type="checkbox"/>	
	Substance Used:											
	Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>	
	Criminal History?		<input type="checkbox"/>									
Vehicle Make						Model:						
Year:												

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FORCE APPLIED (one code per block)

See Front Side